

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
03-32

2. STATE
Minnesota

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

§1916 of the Act; 42 CFR §§447.53-.55

7. FEDERAL BUDGET IMPACT:

a. FFY '04

~~(\$8,608)~~ (215) thousands

b. FFY '05

~~(\$9,387)~~ (224) thousands

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Preprint pp. 54-56f
Att. 4.18-A, pp. 1-3
Att. 4.18-C, pp. 1-3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

same

Per TC to
S Schwartz
10-1-03

10. SUBJECT OF AMENDMENT:

Recipient Cost Sharing and Similar Charges

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

// Mary B. Kennedy - signature //

16. RETURN TO:

Stephanie Schwartz
Minnesota Department of Human Services
Federal Relations Unit
444 Lafayette Road No.
St. Paul, MN 55155-3852

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED:

September 24, 2003

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

9/24/03

18. DATE APPROVED:

9/30/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator

Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

SEP 24 2003

DMCH - MI/MN/WI

Revision: HCFA-PM-91- (BPD)
August 1991

OMB No.: 0938-

State/Territory: MINNESOTACitation4.18 Recipient Cost Sharing and Similar Charges42 CFR 447.51
through 447.58

(a) Unless a waiver under 42 CFR ~~431.55(g)~~ 431.57 applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.

1916(a) and (b)
of the Act

(b) Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:

(1) No enrollment fee, premium, or similar charge is imposed under the plan.

(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under--

☐ Age 19

☐ Age 20

☒ Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

TN No. 03-32

Supersedes

TN No. 91-29 (87-22)Approval Date 10/1/03Effective Date 10/1/03

55

Revision: HCFA-PM-91- (BPD)
August 1991

OMB No.: 0938-

State/Territory: MINNESOTACitation

4.18(b) (Continued)

42 CFR 447.51
through 447.58

(iii) All services furnished to
pregnant women.

☐ Not applicable. Charges apply
for services to pregnant women
unrelated to the pregnancy.

(iv) Services furnished to any
individual who is an inpatient in
a hospital, long-term care
facility, or other medical
institution, if the individual is
required, as a condition of
receiving services in the
institution, to spend for medical
care costs all but a minimal
amount of his or her income
required for personal needs.

(v) Emergency services if the
services meet the requirements in
42 CFR 447.53(b)(4).

(vi) Family planning services and
supplies furnished to individuals
of childbearing age.

(vii) ~~Services furnished by a health
maintenance organization in which
the individual is enrolled.~~

1916 of the Act,
P.L. 99-272,
(Section 9505)

~~(viii)~~ Services furnished to an
individual receiving hospice
care, as defined in
section 1905(o) of the Act.

TN No. 03-32

Supersedes

Approval Date

SEP 9 1991

Effective Date

10/1/03TN No. 91-29 (86-118)

56

Revision: HCFA-PM-91- (BPD)
August 1991

OMB No.: 0938-

State/Territory: MINNESOTACitation

4.18(b) (Continued)

42 CFR 447.51
through 447.58(3) Unless a waiver under 42 CFR ~~431.55(g)~~
431.57 applies, nominal deductible,
coinsurance, copayment, or similar
charges are imposed for services that
are not excluded from such charges
under item (b)(2) above.☐ Not applicable. No such charges are
imposed.(i) For any service, no more than one
type of charge is imposed.(ii) Charges apply to services
furnished to the following age
groups:☐ 18 or older☐ 19 or older☐ 20 or older☒ 21 or olderCharges apply to services furnished to
the following reasonable categories of
individuals listed below who are 18
years of age or older but under age 21.TN No. 03-32

Supersedes

Approval Date

SEP 3Effective Date 10/1/03TN No. 91-29 (86-118)

56a

Revision: HCFA-PM-91- (BPD)
August 1991

OMB No.: 0936-

State/Territory: MINNESOTA

Citation
42 CFR 447.51
through 447.58

4.18(b)(3) (Continued)

(iii) For the categorically needy and qualified Medicare beneficiaries, ATTACHMENT 4.18-A specifies the:

- (A) Service(s) for which a charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.

☒ Not applicable. There is no maximum.

TN No. 03-32

Supersedes

Approval Date

SEP 23 2003

Effective Date

10/1/03TN No. 91-29 (90-07)

56b

Revision: HCFA-PM-91- (BPD)
August 1991

OMB No.: 0938-

State/Territory: MINNESOTACitation

- 1916(c) of the Act 4.18 (b) (4) ☐ A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.
- 1902(a)(52) and 1925(b) of the Act 4.18 (b) (5) ☐ For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.
- 1916(d) of the Act 4.18 (b) (6) ☐ A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

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SEPEffective Date 10/1/03TN No. 91-29 (06-118)

56c

Revision: HCFA-PM-91- (BPD)
August 1991

OMB No.: 0938-

State/Territory: MINNESOTACitation

4.18(c) ☒ Individuals are covered as medically needy under the plan.

42 CFR 447.51

through 447.58

- (1) ☐ An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-C specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.

447.51 through
447.58

- (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

- (i) Services to individuals under age 18, or under--

☐ Age 19

☐ Age 20

☒ Age 21

Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

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Effective Date 10/1/03

56d

Revision: HCFA-PM-91- (BPD)
August 1991

OMB No.: 0938-

State/Territory: MINNESOTACitation

4.18 (c) (2) (Continued)

42 CFR 447.51
through 447.58

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

(iii) All services furnished to pregnant women.

☐ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53 (b) (4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

1916 of the Act,
P.L. 99-272
(Section 9505)

(vii) Services furnished to an individual receiving hospice care, as defined in section 1905 (o) of the Act.

447.51 through
447.58

~~(viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.~~

~~☒ Not applicable. No such charges are imposed.~~

TN No. 03-32

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TN No. 91-29 (86-118)Effective Date 10/1/03

S6e

Revision: HCFA-PM-91- (BPD)
August 1991

OMB No.: 0938-

State/Territory: MINNESOTA

Citation 4.18(c)(3) Unless a waiver under 42 CFR ~~431.55(g)~~ 431.57
applies, nominal deductible, coinsurance,
447.51 through copayment, or similar charges are imposed on
447.58 services that are not excluded from such charges
under item (b)(2) above.

☐ Not applicable. No such charges are imposed.

(i) For any service, no more than one type
of charge is imposed.

(ii) Charges apply to services furnished to
the following age group:

☐ 18 or older

☐ 19 or older

☐ 20 or older

☒ 21 or older

Reasonable categories of individuals
who are 18 years of age, but under 21,
to whom charges apply are listed below,
if applicable.

(iii) For the medically needy, and other
optional groups, ATTACHMENT 4.18-C
specifies the:

(A) Service(s) for which charge(s) is
applied;

(B) Nature of the charge imposed on each
service;

(C) Amount(s) of and basis for
determining the charge(s);

(D) Method used to collect the
charge(s);

(E) Basis for determining whether an
individual is unable to pay the
charge(s) and the means by which
such an individual is identified to
providers;

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56f

Revision: HCFA-PM-91- (BPD)
August 1991

OMB No.: 0938-

State/Territory: MINNESOTACitation 4.18(c)(3) (Continued)447.51 through
447.58

(F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and

(G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

☒ Not applicable. There is no maximum.

TN No. 03-32

Superseded

Approval Date

SEP 30 2003

Effective Date

10/1/03TN No. 91-29 (86-118)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MINNESOTA

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Type of Charge				
Service	Deductible	Coinsurance	Copay*	Amount and Basis for Determination
• nonemergency visits to a hospital-based emergency room			X	\$3 per visit. Only one copayment per day, per treating provider. The average payment for a non-emergency visit to a hospital-based emergency room exceeds \$50.01, in accordance with 42 CFR \$447.54(a)(3)

* In addition to the services and recipients not subject to a copayment in §1916(a)(2), and in 42 CFR \$447.53(b), the following are not subject to copayments: 1) services that are 100% federally funded and are provided by an IHS or 638 facility; and 2) services paid for by Medicare, for which the Department pays the Medicare coinsurance and deductible.

TN No. 03-32
Supersedes

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Jun. 5. 2004 3:39AM

No. 5602 P. 2/5

410 786 3262 P.13/15

HCFA DEHPG

OCT-05-2003 17:57

Revision: HCFA-PM-85-14 (BERC)
SEPTEMBER 1985

ATTACHMENT 4.18-A
Page 2
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MINNESOTA

E. The method used to collect cost sharing charges for categorically needy individuals:

☒ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for a service and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Providers cannot deny services to individuals unable to pay copayments.

The method for determining whether an individual is unable to pay is the individual's assertion that he or she is unable to pay the copayment.

TN No. 03-32
Supersedes
TN No. 85-63

Approval Date SEP 24 1985Effective Date 10/1/03

Revision: HCFA-PM-85-14 (BERC)
SEPTEMBER 1985

ATTACHMENT 4.18-A
Page 3
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MINNESOTA

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR §447.53(b) are described below:

- Department bulletins and provider updates
- Department's "Minnesota Health Care Programs" provider manual
- State Register notice published June 30, 2003
- recipient notice
- Department's Eligibility Verification system (automated telephone and on-line information service for providers)
- Automated payment system that edits billings for services excluded from copayments. These services are paid at normal rates. If, after a copay is paid, the system receives corrected information regarding the excluded status of a recipient or regarding an excluded service, the system is capable of reprocessing the claim.

E. Cumulative maximums on charges:

- ☒ State policy does not provide for cumulative maximums.
- ☐ Cumulative maximums have been established as described below:

TN No. 03-32
Supersedes
TN No. 85-63

Approval Date SEP 20 2003Effective Date 10/1/03